

# Work Order ID 92008

\*92008\*

Page 1

Item ID: 647.1810

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Nose Door Doubler

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-10-19 Tooling:

Run Start \*NR1\*

QC: Date: SPC (Y/N):

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
647.1800	N/C								
110		0.00							
<b>*110*</b>									
Waterjet	<b>Memo</b>	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg								
	Dwg Rev: <u>N/C</u>								
	Prog Rev: <u>N/C</u>								
<u>2024.063</u>	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>									
QC	<b>Memo</b>	0.00							
Quality Control									

①

B12-10-31

①

B12-10-31

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 92008

October-19-12 1:18:51 PM

\*92008\*

Page 2

Item ID: 647.1810

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Nose Door Doubler

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00							
*130*									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
*140*									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: 18304 HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
*150*									
Packaging	Memo	0.00							
Packaging									

DAS  
15  
12/10/31

12-11-01

12/11/7 (1)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

# Work Order ID 92008

October-19-12 1:18:51 PM

\*92008\*

Page 3

Item ID: 647.1810

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Nose Door Doubler

Stop \*NS2\*

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

\*160\*

QC

Memo

0.00

Quality Control

1

DAS  
05  
9-89

12 11 07

170

0.00

\*170\*

SprayPaint

Memo

0.00

Spray Painting

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 122543

1

0

0

10

12-11-9

180

QC14- Inspect Spray Paint

0.00

\*180\*

QC

Memo

0.00

Quality Control

1

DAS  
05  
9-89

12 11 11

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 92008

\*92008\*

Page 4

October-19-12 1:18:51 PM

Item ID: 647.1810

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Nose Door Doubler

Stop \*NS2\*

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

Identify as per dwg & Stock Location: *87/38* 0.00

\*190\*

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

*1X*

*SP*  
*12-11-12*

200

QC21- Final Inspection - Work Order Release

0.00

\*200\*

QC

Memo

0.00

Quality Control

*12/11/13*

*MF*  
*12-11-12*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		



# Picklist Print

October-19-12 1:18:55 PM

Page 1

Work Order ID: 92008

\*92008\*

Parent Item: 647.1810

\*647 1810\*

Parent Item Name: Nose Door Doubler

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased		No		110	sf	72.4700	0.153	0.161053			

\*M2024T3S 063\*

2024-T3 .063 sheet

\*\*

B12-10-31

Location

Loc Qty

Loc Code

MAT022

72.47

119916

0.1

121197

16.32

123096

56.05

~~119916~~

~~123096~~

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

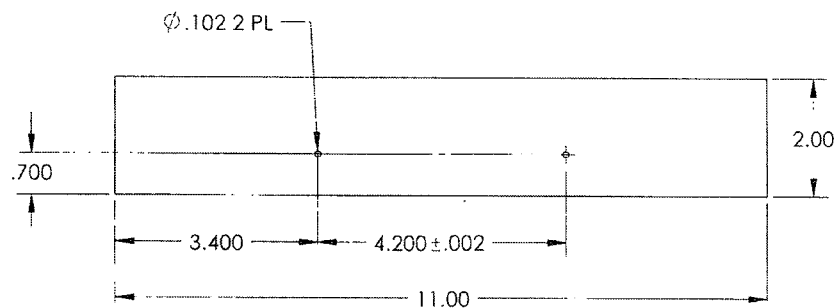
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

THE DRAWING IS A COPY OF THE ORIGINAL. THE ORIGINAL IS THE PROPERTY OF APICAL INDUSTRIES. IT IS TO BE USED FOR THE PURPOSES SPECIFIED ONLY. ANY OTHER USE IS PROHIBITED.

# NOTES:

- 1 MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-233/7J TYPE I CLASS N
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120

SHOP COPY  
RETURN TO  
ENGINEER  
UNCONTROLLED  
SUBJECT TO APPROVAL  
WITHOUT THE  
WORK ORDER  
NO. 92008 ML3  
12-10-19



647.1810

.063

QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
		647.1818	NOSE DOOR SPACER	△	△
		647.1817	SUPPORT, RH	△	△
		647.1816	SUPPORT, LH	△	△
		647.1815	GUSSET, RH	△	△
		647.1814	GUSSET, LH	△	△
		647.1813	ANGLE	△	△
		647.1812	SHIM	△	△
		647.1811	SPACER	△	△
		647.1810	NOSE DOOR DOUBLER	△	△
PARTS LIST					
NEXT ASSY (S)			APICAL INDUSTRIES		
647.1300			2608 TEMPLE HEIGHTS DR.		
			OCEANSIDE, CA. 92056-3512 (760)774-5300		
			SHEETMETAL		
			647.1800		
			SCALE NONE		
			SHEET 1 OF 7		

92008

.25 X 45.0°  
4 PL

1.00

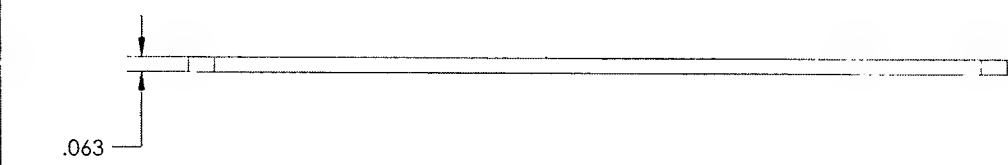
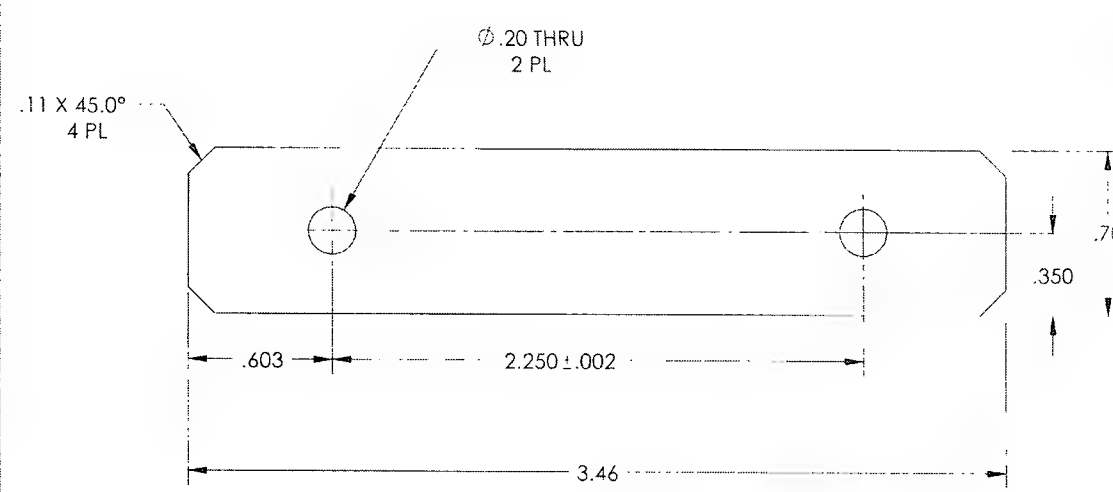
3.63

.063

647.1811

CURRENT DATE MODIFIED BY DRAWN BY CHECKED BY DESIGNED BY APPROVED BY SCALE		DWG NO. SHEET NO. REV. DATE	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS PLUS MINUS		SHEET CODE DWG NO. SCALE	
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE CA. 92056-3512 (760)724-5300		SHEETMETAL 647.1800 SHEET 2 OF 7	

A  
B  
C  
D



92008

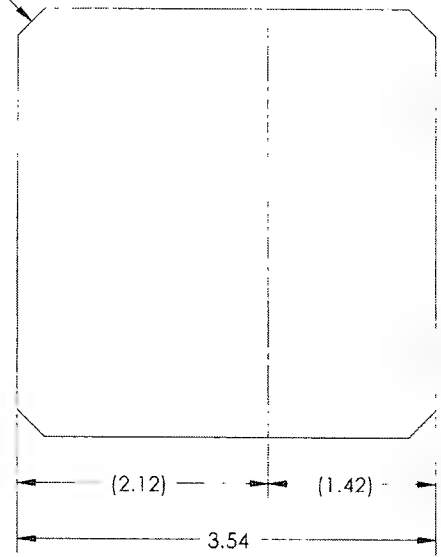
647.1812

DATE: 07/12/08 DRAWN BY: J. CARDREY CHECKED BY: P. BRAYO DESIGNED BY: J. CARDREY PART NO.: 647.1812		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA 92056-3512 (760) 724-5300	
MATERIAL: 304 STAINLESS STEEL FINISH: POLISHED TOLERANCES: .005 UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE TO 3 PLACES UNLESS OTHERWISE SPECIFIED		<b>SHEETMETAL</b>	
SCALE: NONE		SHEET: 3 OF 7	REV: N/A

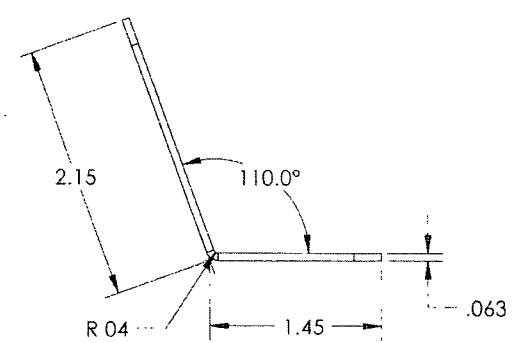
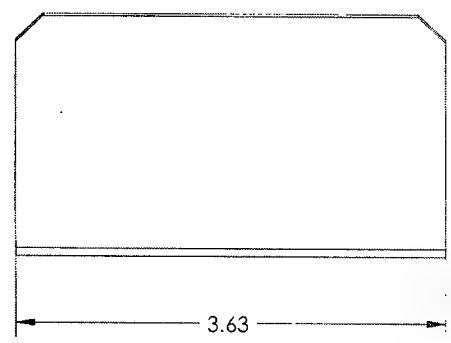
THE INFORMATION CONTAINED HEREIN IS THE PROPERTY OF APICAL INDUSTRIES AND IS TO BE USED FOR THE MANUFACTURE OF THE PARTS AND ASSEMBLIES SPECIFICALLY IDENTIFIED HEREIN. IT IS TO BE KEPT IN CONFIDENCE AND NOT REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

92008

.23 X 45.0°  
4 PL



FLAT PATTERN



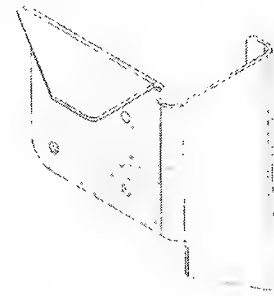
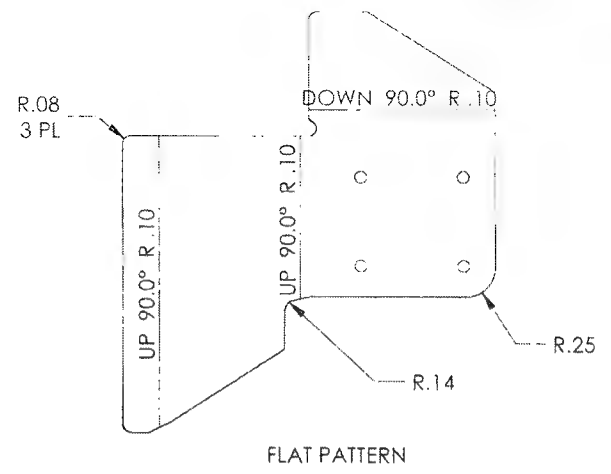
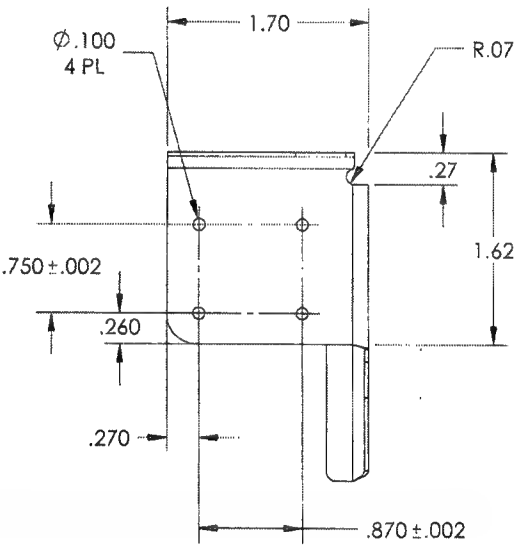
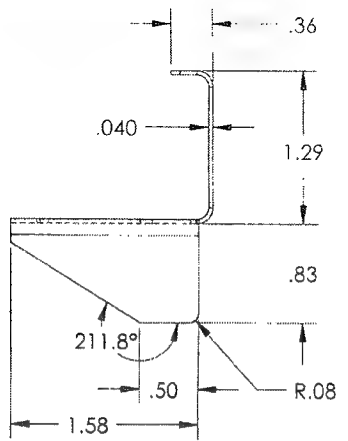
647.1813

ORIGINAL DATE REVISED DATE DRAWN BY CHECKED BY ENGINEER APPROVAL DATE COMMENTS		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE TO 3 PLACES UNLESS NOTED OTHERWISE		<b>SHEETMETAL</b>	
THE CASE CODE 8	ENG NO 647.1800	REV N/A	
SCALE NONE		SHEET 4 OF 7	

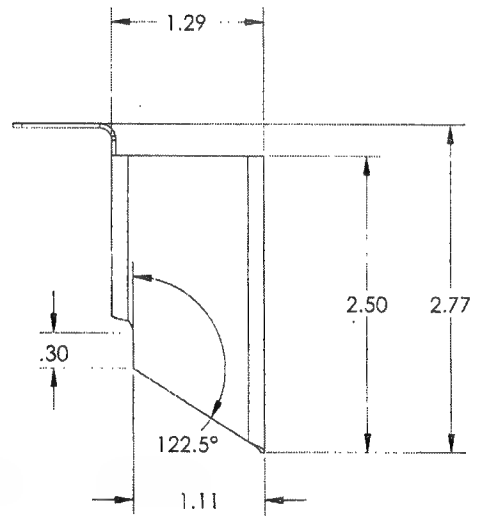
92008

1 2 3 4 5 6 7

APICAL INDUSTRIES, INC. 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300



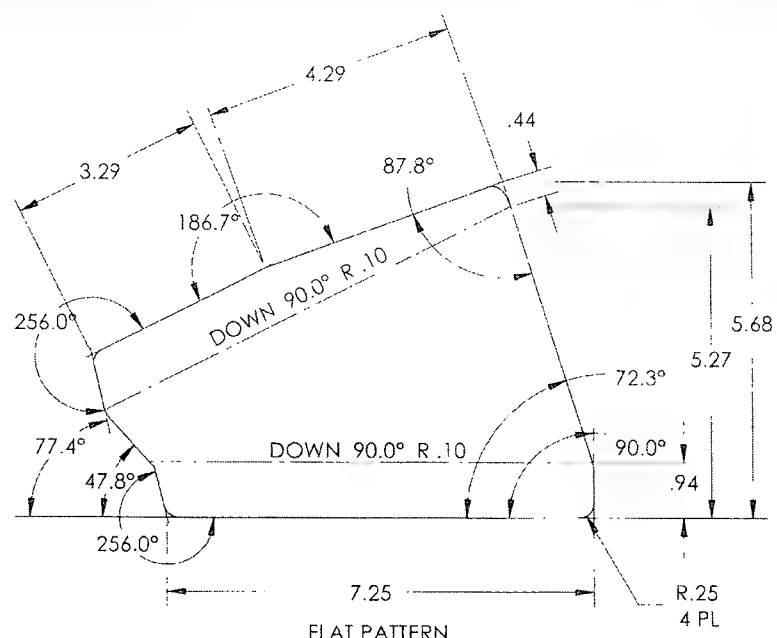
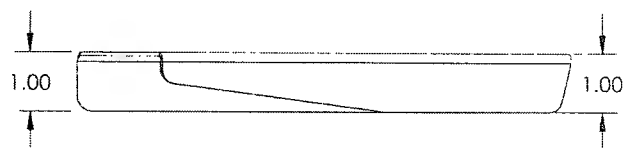
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647.1815 OPPOSITE



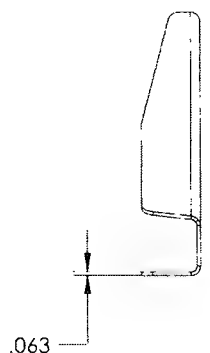
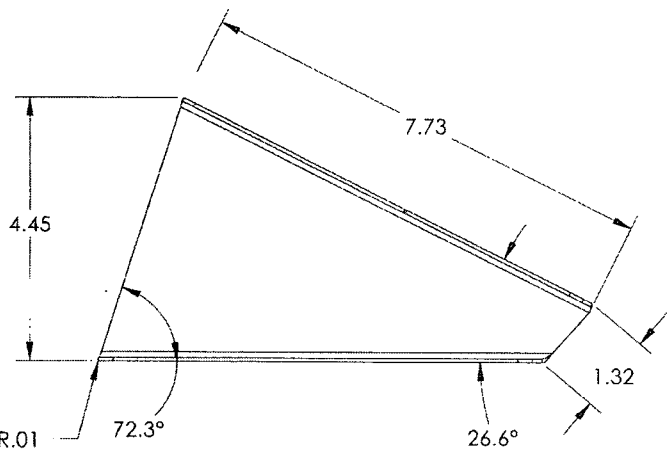
ORIGINAL DATE	APICAL INDUSTRIES
MODIFIED	2608 TEMPLE HEIGHTS DR.
QUANTITY	OCEANSIDE, CA. 92056-3512 (760) 724-5300
TO ORDER	SHEETMETAL
DRAWING APPROVAL	647.1800
BY	NVC
DATE	SCALE: NONE
CONTRACT NO.	SHEET 5 OF 7

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92008



647.1816 SHOWN  
647.1817 OPPOSITE

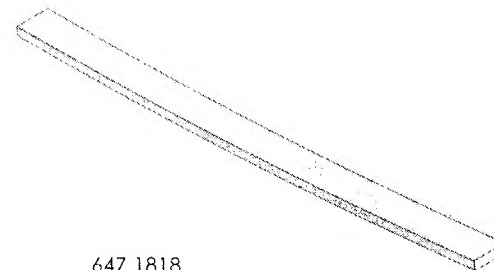


STANDARD SIZE 1/2" X 1/2" X 1/2"		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWN BY: [blank] CHECKED BY: [blank] DESIGNED BY: [blank] DATE: [blank]		SHEETMETAL 647.1800	
SCALE: NONE		SHEET 6 OF 7	

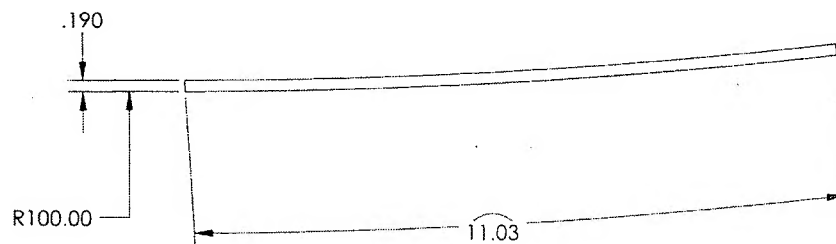


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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

92008



647.1818



ORIGINAL DATE		APICAL INDUSTRIES	
DESIGNED BY	DESIGNED	2608 TEMPLE HEIGHTS DR.	
DRAWN BY	DRAWN	OCEANSIDE, CA 92056-3512 (760)724-5300	
CHECKED BY	CHECKED	SHEETMETAL	
APPROVED BY	APPROVED		
CONTRACT NO.	CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED		SHEET	REV.
DIMENSIONS ARE IN INCHES		B	N/C
TOLERANCES ARE:		CAGE CODE	DWG. NO.
1 PLACE DECIMALS ±.01		07M26	647.1800
2 PLACE DECIMALS ±.005		SCALE: NONE	SHEET 7 OF 7
3 PLACE DECIMALS ±.001			
4 PLACE DECIMALS ±.0005			





A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

## Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 10 PCS 646.9813 10 PCS 646.9811 10 PCS 646.9812 10 PCS 646.9812 2 PCS 646.9811 15 PCS 646.4711 15 PCS 647.4716 15 PCS 647.4712 15 PCS 647.4717 15 PCS 647.4714 15 PCS 647.4715 15 PCS 647.4718  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120674	Rev:	
		PO: PO18153	Line: 1012147
1 lot	Part: ASST 7 PCS 647.1810 14 PCS 647.1811 91 PCS 647.1812 2 PCS 647.1612  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120673	Rev:	
		PO: PO18304	Line:
Certificate of Conformance			



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
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Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

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1270 ABERDEEN ST.  
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Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via				
<table border="1"><thead><tr><th>Quantity</th><th>Description</th></tr></thead><tbody><tr><td></td><td>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY  DATE: <u>5/12/12</u>  CERTIFIED SIGNATURE: <u></u>  RECEIVER SIGNATURE: _____</td></tr></tbody></table>		Quantity	Description		A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY  DATE: <u>5/12/12</u>  CERTIFIED SIGNATURE: <u></u>  RECEIVER SIGNATURE: _____
Quantity	Description				
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